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Alexandria, VA 22313-1450
Typed or Printed name of person signing this certificate:
Mary Curtin
Signature: *Mary Curtin*

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Hagopian et al.

Serial No.: 10/710,801

Filed: June 28, 2004

For: **PRODUCT COMPRISING A THIN-FILMED**

**RADIATION-CURED COATING ON A THREE-
DIMENSIONAL SUBSTRATE**

) Examiner: Leszek B. Kiliman

)

) Art Unit: 1773

)

) **CUSTOMER NO. 24024**

)

) Confirmation No.: 4809

)

) Attorney Docket No.: 27475/07709

)

Mail Stop Petition

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

PETITION TO AMEND ORDER OF INVENTOR NAMES

This is a petition to change the order of the names of the inventors pursuant to MPEP 605.04(f).


Attached is an Application Data Sheet which identifies the new order of the inventors name.

A check in the amount of \$130.00 as payment of the fee required by 37 C.F.R. 1.182 is enclosed.

Accordingly, issuance of the Letters Patent naming the inventors in the order as set forth on the enclosed Application Data Sheet is respectfully solicited.

Should any additional fees be required, please charge deposit account No. 03-0172.

Respectively submitted,



John S. Cipolla
Attorney for Applicants
Reg. No. 37,597

Application Data Sheet

27475/07709

Page 1 of 6

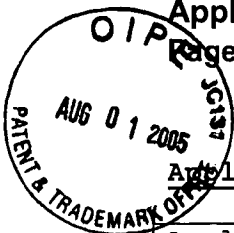
Customer Number 24024

Supplemental Application Data SheetApplication Information

| | |
|--------------------|--|
| Application Type:: | Utility |
| Subject Matter:: | Utility |
| Title:: | PRODUCT COMPRISING A THIN-FILMED RADIATION-CURED COATING ON A THREE-DIMENSIONAL SUBSTRATE |
| Serial No. | 10/710,801 |
| Filing Date | June 28, 2004 |
| Petition included: | Yes |

Applicant Information

| | |
|--|----------------------------------|
| <u>Applicant Assignee 1</u> | |
| Applicant Authority type:: | Assignee |
| Name:: | Master Brand Cabinets, Inc. |
| City:: | Jasper |
| State:: | Indiana |
| Country:: | US |
| Street of mailing address:: | One Master Brand Cabinets Drive, |
| City of mailing address:: | Jasper |
| State or Province of mailing address:: | Indiana |
| Postal or Zip Code of mailing address:: | 47546 |



| | |
|---|-------------------|
| <u>Applicant Inventor 1</u> | |
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country: | United States |
| Given Name:: | David |
| Family Name:: | Hagopian |
| City of Residence:: | Deerfield |
| State of Province of Residence:: | Illinois |
| Country of Residence:: | US |
| Street of mailing address:: | 696 Lombardy Lane |
| City of mailing address:: | Deerfield |
| State or Province of mailing address:: | Illinois |
| Postal or Zip Code of mailing address:: | 60015 |

| | |
|------------------------------|-------------|
| <u>Applicant Inventor 2</u> | |
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country: | South Korea |
| Given Name:: | Inho |
| Family Name:: | Song |
| City of Residence:: | Chesterland |

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| State of Province of Residence:: | Ohio |
| Country of Residence:: | US |
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| City of mailing address:: | Chesterland |
| State or Province of mailing address:: | Ohio |
| Postal or Zip Code of mailing address:: | 44026 |

| | |
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| <u>Applicant Inventor 3</u> | |
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country: | United States |
| Given Name:: | Alan |
| Family Name:: | Smock |
| City of Residence:: | Dubois |
| State of Province of Residence:: | Indiana |
| Country of Residence:: | US |
| Street of mailing address:: | 3073 East State Road 56 |
| City of mailing address:: | Dubois |
| State or Province of mailing address:: | Indiana |

| | |
|---|-----------------------|
| <u>Applicant Inventor 4</u> | |
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country: | United States |
| Given Name:: | Karen A. |
| Family Name:: | Barkac |
| City of Residence:: | North Huntingdon |
| State of Province of Residence:: | Pennsylvania |
| Country of Residence:: | US |
| Street of mailing address:: | 9980 Buckingham Place |
| City of mailing address:: | North Huntingdon |
| State or Province of mailing address:: | Pennsylvania |
| Postal or Zip Code of mailing address:: | 15642 |

| | |
|------------------------------|---------------|
| <u>Applicant Inventor 5</u> | |
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country: | United States |
| Given Name:: | Melanie S. |
| Family Name:: | Campbell |
| City of Residence:: | Freeport |

| | |
|---|--------------------|
| State of Province of Residence:: | Pennsylvania |
| Country of Residence:: | US |
| Street of mailing address:: | 105 Campbell Drive |
| City of mailing address:: | Freeport |
| State or Province of mailing address:: | Pennsylvania |
| Postal or Zip Code of mailing address:: | 16229 |

| | |
|--|---------------------------|
| <u>Applicant Inventor 6</u> | |
| Applicant Authority type:: | Inventor |
| Primary Citizenship Country: | United States |
| Given Name:: | Richard |
| Family Name:: | Foukes |
| City of Residence:: | Mars |
| State of Province of Residence:: | Pennsylvania |
| Country of Residence:: | US |
| Street of mailing address:: | 122 Sewickley Farm Circle |
| City of mailing address:: | Mars |
| State or Province of mailing address:: | Pennsylvania |

| | |
|---|-------|
| Postal or Zip Code of mailing address:: | 16046 |
|---|-------|

Correspondence Information

Correspondence Customer Number:: **24024**

Representative Information

| | |
|---------------------------------|-------|
| Representative Customer Number: | 24024 |
|---------------------------------|-------|

Domestic Priority Information

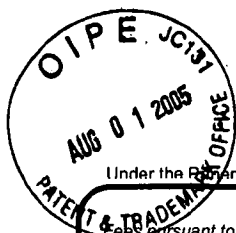
| | | | |
|---------------------|-------------------------|----------------------------|----------------------------|
| Application: | Continuity Type: | Parent Application: | Parent Filing Date: |
| | | | |

Foreign Priority Information

Not Applicable

Assignee Information

Assignee Name: Master Brand Cabinets, Inc.



PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004.

As pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 130.00

Complete if Known

| | |
|----------------------|-------------------|
| Application Number | 10/710,801 |
| Filing Date | June 28, 2004 |
| First Named Inventor | Hagopian et al. |
| Examiner Name | Leszek B. Kiliman |
| Art Unit | 1773 |
| Attorney Docket No. | 27475/07709 |

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 03-0172 Deposit Account Name: Calfee, Halter & Griswold

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

| Fee (\$) | Small Entity Fee (\$) |
|----------|-----------------------|
| 50 | 25 |

Each independent claim over 3 (including Reissues)

| | |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

| | |
|-----|-----|
| 360 | 180 |
|-----|-----|

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|
|--------------|--------------|----------|---------------|

| Multiple Dependent Claims |
|---------------------------|
|---------------------------|

| | | |
|--------------|---|---|
| - 20 or HP = | x | = |
|--------------|---|---|

| | |
|----------|---------------|
| Fee (\$) | Fee Paid (\$) |
|----------|---------------|

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---------------|--------------|----------|---------------|
|---------------|--------------|----------|---------------|

| | | |
|-------------|---|---|
| - 3 or HP = | x | = |
|-------------|---|---|

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
|--------------|--------------|--|----------|---------------|

| | | | |
|---------|--------|--------------------------------|---|
| - 100 = | / 50 = | (round up to a whole number) x | = |
|---------|--------|--------------------------------|---|

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fees Paid (\$)Other (e.g., late filing surcharge): Petition to Amend Order of Inventor Names\$130.00**SUBMITTED BY**

| | | | |
|-------------------|--------------------|--|------------------------|
| Signature | <u>[Signature]</u> | Registration No. (Attorney/Agent) 37,597 | Telephone 216/622-8808 |
| Name (Print/Type) | John S. Cipolla | | Date <u>7/28/05</u> |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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